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IN RE APPLICATION NUMBER: 10/762,034 (Conf. No. 3924)TRANSMITTAL COVER LETTER FOR FACSIMILE TRANSMISSION

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THE SENDER IS: Jeffrey H. Ingerman
Registration Number 31,069
FISH & NEAVE IP GROUP
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New York, New York 10020-1105
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CLIENT/MATTER NO. 000834-0002CERTIFICATE OF FACSIMILE TRANSMISSION

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Isatta Smith

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PTO/SB/21 (09-04)

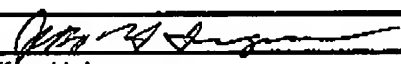
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/762,034 (Conf. No. 3924)	
	Filing Date	January 20, 2004	
	First Named Inventor	Anette Israelsson et al.	
	Art Unit	3761	
	Examiner Name	Michele M. Kidwell	
Total Number of Pages in This Submission	21	Attorney Docket Number	AAB-1 Cont.

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

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Printed name	Jeffrey H. Ingerman		
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T-408 P.03 F-353

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<p><i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete If Known</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/762,034 (Conf. No. 3924)</td> </tr> <tr> <td>Filing Date</td> <td>January 20, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Anette Israelsson et al.</td> </tr> <tr> <td>Examiner Name</td> <td>Michele M. Kidwell</td> </tr> <tr> <td>Art Unit</td> <td>3761</td> </tr> <tr> <td>Attorney Docket No.</td> <td>AAB-1 Cont.</td> </tr> </table>		Application Number	10/762,034 (Conf. No. 3924)	Filing Date	January 20, 2004	First Named Inventor	Anette Israelsson et al.	Examiner Name	Michele M. Kidwell	Art Unit	3761	Attorney Docket No.	AAB-1 Cont.
Application Number	10/762,034 (Conf. No. 3924)														
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Examiner Name	Michele M. Kidwell														
Art Unit	3761														
Attorney Docket No.	AAB-1 Cont.														
<p>TOTAL AMOUNT OF PAYMENT (\$).00</p>															

METHOD OF PAYMENT (check all that apply)

☐ Check
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 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ **Deposit Account** Deposit Account Number: 06-1075 (Order No. 000174-0256) Deposit Account Name: Fish & Neave

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 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☐ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 66 - 20 or HP = 0 x 50.00 = .00

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 3 - 3 or HP = 0 x 200.00 = .00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	0	0	250.00	.00

(round up to a whole number) x

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY		Registration No. 31,069	Telephone 212-596-9010
Signature		(Attorney/Agent)	
Name (Print/Type) Jeffrey H. Ingeman		Date December 5, 2015	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/762,034 (Conf. No. 3924)
		Filing Date	January 20, 2004
		First Named Inventor	Anette Israelsson et al.
		Examiner Name	Michele M. Kidwell
		Art Unit	3761
TOTAL AMOUNT OF PAYMENT (\$).00		Attorney Docket No.	AAB-1 Cont.

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 06-1075 (Order No. 000174-0256) Deposit Account Name: Fish & Neave

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☐ Credit any overpayments

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1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
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 HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims
 Fee (\$): 360.00 Fee Paid (\$): .00

3. APPLICATION SIZE FEE

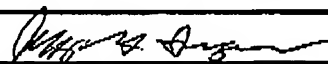
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
66	- 100 = 0	/50= 0 (round up to a whole number)	250.00	.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY			
Signature		Registration No. 31,069 (Attorney/Agent)	Telephone 212-596-9010
Name (Print/Type)	Jeffrey H. Ingberman	Date December 5, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AAB-1 Cont.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Applicants : Anette Israelsson et al.
Application No. : 10/762,034 Confirmation No. : 3924
Filed : January 20, 2004
For : HYDROPHILIC URINARY CATHETER
HAVING A WATER-CONTAINING SACHET
Art Unit : 3761
Examiner : Michele M. Kidwell

New York, New York 10020
December 5, 2005

Mail Stop AMENDMENT
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Alexandria, Virginia 22313-1450

REPLY TO OFFICE ACTION

Sir:

In reply to the Office Action dated September 7, 2005, applicants hereby amend the above-identified patent application as follows:

Amendments of the Claims are reflected in the listing beginning on page 2 of this Reply to Office Action.

Remarks begin on page 17 of this Reply to Office Action.